

**Reimbursement Claim  
Cover Form**

Agency Name (Contractor) (Check will be made payable to the party listed below)	Contract Number
Mailing Address	Invoice Number(s)

Water Hazard Identification (must match Water Hazard Removal List)

Water Hazard Description and Number on Removal List	Reference Invoice #	Statement of Service(s)	Date(s) of Service	Cost

Total	\$
Less 10% Contribution	\$
Net Reimbursement Request	\$

*By signing below, you agree that the above information is accurate and complete*

Approval Signature	Print Name and Title	Telephone Number	Date Signed
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